



Division of Licensing & Certification

DDA/ResHab Certification - Statement of Deficiencies

<b>Agency:</b>	St. Fillan's, LLC	<b>Region(s):</b>	4
<b>Agency Type:</b>	Res Hab	<b>Survey Dates:</b>	July 21, 2015-July 22, 2015
<b>Certificate(s):</b>	RHA-4979	<b>Certificate(s) Granted:</b>	<input type="checkbox"/> 6 - Month Provisional <input type="checkbox"/> 1 - Year Full <input checked="" type="checkbox"/> 3 - Year Full

Rule Reference/Text	Findings	Agency's Plan of Correction (Please refer to the Statement of Deficiencies cover letter for guidance)	Date to be Corrected (mm/dd/yyyy)
16.04.17.203. 203.STAFF RESIDENTIAL HABILITATION PROVIDER TRAINING. Training must include orientation and ongoing training at a minimum as required under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 700 through 706. Training is to be a part of the orientation training and is required initially prior to accepting participants. All required training must be completed within six (6) months of employment with a residential habilitation agency and documented in the employee residential habilitation provider record. The agency must ensure that all employees and contractors receive orientation training in the following areas: (3-29-12)	Three of three direct care employee record review lacked documentation of training specific to the needs of the participant served.  For example: Employee 4 & Employee 5's record lacks documentation of training specific to the needs of the participant 1 and participant 3. Participant 1 has multiple medical needs such as a vagus stimulator, etc. Participant 3 also has multiple medical needs, such as hyperglycemia, seizures, depressive disorder, anxiety, etc. Employee 8's record lacks documentation of training specific to the needs of the participant 2 who has been diagnosed with	1. <i>Corrective Action: Employees have been trained on these topics but we were lacking adequate documentation of that training in a clear and verifiable format. New forms clearly showing the participant, their specific diagnosis, the specific care and ISP/PIP requirements, the employee name, date of original training, and continuing training have been created to document the training that has been, is and will be done.</i> 2. <i>Identification of other Participants and Staff effected: We will run a systematic training for all existing employees to come in and receive the specific training and sign off on the new</i>	9/1/2015



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16.03.10.705.01.c.ix	Asperger's and depression.	<i>forms. All new employees will be trained using the new system. 3. Person Responsible: PC and Administrator together making sure implementation is complete company wide. 4. Monitoring: At new hire orientation and at semi-annual employee reviews, each employee file will be checked for up to date training and documentation. All training and documentation is underway and will be completed companywide no later than 9-1-15.</i>	
16.04.17.301.03.j 301. PERSONNEL. 03. Personnel Records. A record for each employee must be maintained from date of hire for not less than one (1) year after the employee is no longer employed by the agency, and must include at least the following: j. Verification of satisfactory completion of criminal history checks in accordance with IDAPA 16.05.06, "Criminal History and	One of eight employee record review lacked documentation the agency verified the employee satisfactorily completed the criminal history check per rule requirements.  For example: Employee 3's date of hire was 12/13/14, completed fingerprints on 12/11/13, then quit working for the agency and	<i>1. Corrective Action: Corrected at time of survey. Any gap in employment must have supplemental ISP back ground check. Company understanding of policy and regulations corrected. 2. Identification of other Participants and Staff effected: All other employee files were reviewed by administrator and no other compliance issues were discovered.</i>	7/24/2015



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Background Checks"; and (3-20-04)	<p>returned 12/11/14 and neither DHW background check nor a local Idaho State Police check was completed when she returned.</p> <p>The deficiency was corrected during the survey. The agency is required to complete questions 2 through 4 on the plan of correction.</p> <p><b>Repeat deficiency from 08/13/14 survey.</b></p>	<p>3. <i>Person Responsible: Administrator.</i></p> <p>4. <i>Monitoring: At new hire orientation and at semi-annual employee reviews, each employee file will be checked for compliance. Correction Implemented as of 7-24-15.</i></p>	
<p>16.04.17.302.04. 302.SERVICE PROVISION PROCEDURES. 04. Medication Standards. The agency must maintain a policy describing the program's system for handling participant medications which is in compliance with the IDAPA 23.01.01, "Rules of the Board of Nursing." (3-20-04)</p> <p>Also see IDAPA: 16.04.17.400.02.m.</p>	<p>One of two participant records requiring assistance with medication lacked documentation the agency followed its own policy for handling participant medications.</p> <p>For example: The agency has medication logs but they are not using them policy. There are instances where the date is circled with bold ink,</p>	<p>1. <i>Corrective Action: Review of all Medication records. New training / Re-training of all employees scheduled and will be completed no later than 9-1-15.</i></p> <p>2. <i>Identification of other Participants and Staff effected: Participant medication records being reviewed to identify employee training needs.</i></p> <p>3. <i>Person Responsible: PC and Administrator.</i></p>	9/1/2015



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	<p>which the Program Coordinator/QIDP stated the medication was given but the staff didn't document. There are also blanks on the med logs with no explanation as to why the medication was not given.</p> <p>Participant 1's medication logs in the home lack documentation the staff documented when the medication was given and then the staff went back and signed off.</p> <p>Medication count was not documented for some days. Some medication errors are not documented.</p> <p>Participant 3's medication logs are the same as participant 1's, some left blank with a bold circle indicating that the staff forgot to initial and multiple blank dates. The participant's medication box had an expired medication. The medication Meclizine 12.5mg had expired on 7/15/15 but it was still in the box as the other non-expired meds were.</p>	<p><i>4. Monitoring: At new hire orientation medication accuracy will be stressed to a greater degree. Medication and MAR will be topic of regular employee training on-site. MAR will be reviewed monthly for errors and employees not performing to standard will be trained to perform better. These changes implemented starting 7-25 and all employees will have been re-trained no later than 9-1-15.</i></p>	

**Agency Representative & Title:** Andrew Vanderbeek

**Date Submitted:** 7/29/2015



IDAHO DEPARTMENT OF  
HEALTH & WELFARE

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* By entering my name and title, I agree to implement this plan of correction as stated above.	
<b>Department Representative &amp; Title:</b> Pam Loveland-Schmidt, Licensing & Certification * By entering my name and title, I approve of this plan of correction as it is written on the date identified.	<b>Date Approved:</b> 8/13/2015